Form P26

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In Re Application of: KOPLAR, Edward J. et. al

: Attorney Docket: 55121-88011

MAY 2 7 2005

Application Serial No: 09/489,373

: Group Art Unit: 2611

Filed: January 21, 2000

: Examiner: Saltarelli, Dominic D.

For: INTERACTIVE OPTICAL CARDS AND OTHER HAND-HELD DEVICES WITH

INCREASED CONNECTIVITY

CERTIFICATION OF FACSIMILE TRANSMISSION

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

TO: Facsimile #703-872-9306

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

FROM: Randy L. Canis, Reg. No. 44,584 Greensfelder, Hemker & Gale, P.C. Intellectual Property Group

Number of Pages Transmitted (including this page): 21

I hereby certify that these papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Response and Amendment Transmittal (2 pages); [X]

[X] Amendment F (18 pages);

[X]Please charge any additional costs, or credit any overpayment or refund, to our Deposit Account No. 07-1985.

Respectfully submitted,

Name: Randy L. Canis, Reg. No. 44,584

Greensfelder, Hemker & Gale, PC

10 S. Broadway, Suite 2000 St. Louis, Missouri 63102

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Form P17

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Atty Docket No.: 55121-88011

Koplar, Edward J. et. al

Group Art Unit: 2611

Serial No.: 09/489,373

Examiner: Saltarelli, Dominic D

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INCREASED CONNECTIVITY

RESPONSE AND AMENDMENT TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Examiner Interview conducted on Monday, April 25, 2005, transmitted herewith is the following:

[X]	Amendment	F((18	pages):
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Petition for Extension of Time;

Other:

[]

Fee Determination:

Claims	Total Number of Claims After Amendment	Highest Number of Claims Originally Paid For	Number of Additional Claims	Rate	Additional Cost	
Total Claims (37 CFR 1.16(c))	(37 CFR 56 - 70 0				\$0.00	
Independent Claims (37 CFR 1.16(b))	12	- 13	0	x \$88.00 =	\$0.00	
Total				=	\$0.00	
Fee for Extension of Time (if applicable)				+	\$0.00	
Less Small Entity Deduction (if applicable)				x 50%	\$0.00	
Total Enclosed				=	\$0.00	

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[] Enclosed check;

[] Please charge Deposit Account 07-1985 in the amount of \$0.00.

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Form P17

Please charge any deficiency in fees and please credit any excess in fees to Deposit Account 07-1985.

Respectfully submitted,

Randy L. Canis, Reg. No. 44,584

Attorney for Applicant

CUSTOMER NUMBER: 22807 Greensfelder, Hemker & Gale, PC 10 S. Broadway, Suite 2000 St. Louis, Missouri 63102 314-241-9090 Telephone 314-345-4704 Facsimile

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WITH INCREASED CONNECTIVITY

AMENDMENT F

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Examiner Interview conducted on Monday, April 25, 2005, please amend the above-identified application, as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Record of the Substance of the Interview begins on page 17 of this paper.

Remarks/Arguments begin on page 18 of this paper.